

FORM P-2 Securities Department 600 E Boulevard Ave Bismarck ND 58505 (701) 328-2910 www.ndsecurities.com

Calendar Year:		Filing Fee \$15.00
A:	Name of funeral establishment or cemetery association.	
B:	Address of funeral establishment or cemetery association.	
C:	Telephone number of funeral establishment or cemetery association.	
D:	Name of manager or operator.	
E:	The total number of pre-need funeral service contracts entered into during the calendar year covered by this report:	
F:	The total in dollars of all funds received in payment for pre-need funeral service contracts for the calendar year covered by this report, do not include interest earned: \$	
G:	The total dollars released by a financial institution during the calendar year covered by this report prior to the death of the person for whose benefit the funds were paid: \$	
H:	The total in dollars released by a financial institution during the calendar year covered by this report to the entity named in "A" above: \$	
l:	The total in dollars of all funds received since July 1, 1973, which are undrawn, unexpended and on deposit in a financial institution: \$	
J:	On the enclosed sheet provide legibly the following information for each precontract entered into the calendar year covered by this report: (1) The name of the purchaser; (2) The name of the beneficiary (3) Amount paid by the purchaser; (4) Amount deposited by the entity name in "A" above; (5) Date of the contract; and (6) Name and complete mailing address of the financial institution in which to deposited.	he consideration was
*Footnote - The term "financial institution" means a bank, credit union, savings and loan association or trust company.		
ì	(Date) (Sign	ature)